

Los Angeles County Prehospital Care Provider and Base Survey Summary

In 2008, a survey was developed by a sub-committee of Education Advisory. The goal of the survey was to identify educational needs, best practices and suggestions to improve the interactions between personnel from Provider Agencies and Base Hospitals. The results have been reviewed and summarized.

Common themes expressed by the respondents included:

- The need for improved communication
- A desire for joint education and social events
- A desire for greater respect being shown for each other and each others' practice
- Provider Agency staff would like to be provided staffing coverage to allow uninterrupted CE attendance while on duty.

If you have any questions or are interested in viewing the expanded comments contact:

Elaine Forsyth
County of Los Angeles
Emergency Medical Services Agency
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670

(562) 347-1633

eforsyth@dhs.lacounty.gov

The EMS Agency and the Education Advisory Committee would like to acknowledge the following people who assisted in putting the survey together and/or reviewing the data:

Lucy Adams, RN, EMS Agency
Captain John Baccari, LAFD
Laurie Lee-Brown, RN, Torrance FD
Kristine Cone, RN, LBMMC
Heather Davis, RN, DF/UCLA Paramedic School
Elaine Forsyth, RN, EMS Agency
Captain Jeff Furrows, Santa Monica FD
Victoria Hernandez, RN, LACoFD
Captain Dan McNeley, Torrance FD (retired)
Chief Angel Montoya, LACoFD
Laurie Sepke, RN, PVHMC
Jenny Van Slyke, RN, HMMC
Samantha Verga, RN, LBMMC

Base/Provider Survey Summary of Results







Prehospital Provider and Base Survey

1. a) What is you role in the EMS system?			
		Response Percent	Response Count
EMT		9.0%	58
Paramedic		61.6%	398
Paramedic Coordinator		2.2%	14
Nurse Educator		1.5%	10
MICN		22.3%	144
PCC		0.6%	4
Other (please specify)		2.8%	18
	answere	ed question	646
	skippe	ed question	3

2. b) Who are you employed by?			
		Response Percent	Response Count
Fire Department		72.7%	466
Private Ambulance Company		1.6%	10
Base Hosptial		23.4%	150
Other (please specify)		2.3%	15
	answere	ed question	641
	skipp	ed question	8

3. c) Years of experience in you curre	ent role:		
		Response Percent	Response Count
<1		3.4%	22
1-5		27.8%	178
6-10		22.7%	145
>10		46.1%	295
	answere	ed question	640
	skipp	ed question	9

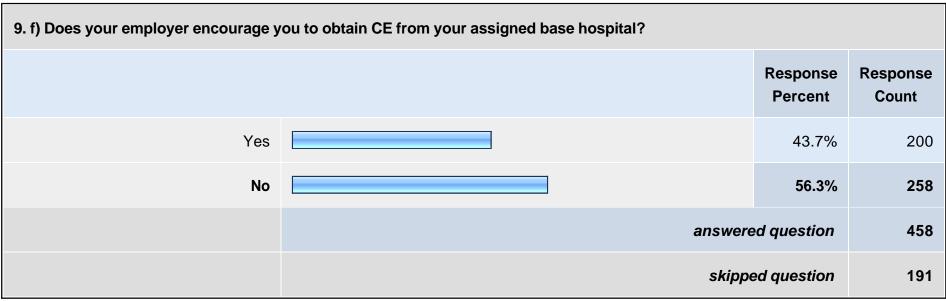
4. a) My prehospital CE is obtained from (check all that apply):			
		Response Percent	Response Count
Base Hospital		53.9%	330
Nurse Educator		58.8%	360
On-line/internet courses		31.9%	195
Conferences		23.7%	145
Video		3.3%	20
Other (please specify)		13.6%	83
	answere	ed question	612
	skipp	ed question	37

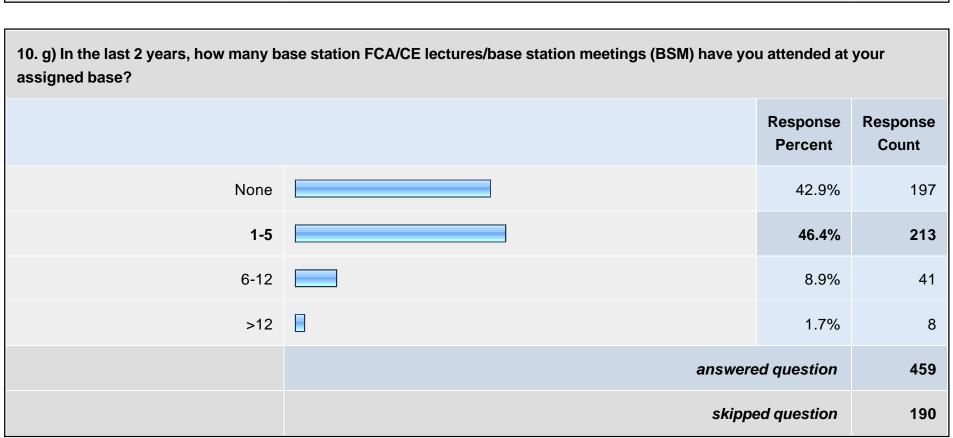
5. b) Which form(s) of education do y	ou prefer?		
		Response Percent	Response Count
Field Care Audits (FCA)/Tape Review		14.8%	90
Lecture		16.6%	101
Combination (FCA and Lecture)		77.5%	471
Other (please specify)		5.8%	35
	answei	ed question	608
	skipp	ed question	41

6. c) l	Describe what your department does	that is really effective or ineffective regarding education:	
	EFFECTIVE SEE ADDENDUM A	INEFFECTIVE SEE ADDENDUM B	Response Count
			448
		answered question	448
		skipped question	201

7. d) What educational topics and/or formats would assist you in performing your job more efficiently:			
	SEE ADDENDUM C		Response Count
	JEL ADDLINDON C		349
		answered question	349
		skipped question	300

8. e) Rate the following statement:							
	Strongly disagree	Disagree	Niether agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
Your base hospital Medical Director is a good educational resource and supports prehospital personnel.	10.8% (63)	9.1% (53)	31.7% (185)	26.8% (156)	21.6% (126)	0.00	583
					answered	question	583
					skipped	l question	66





11. h) If you attended base station me	etings or CE,	rate the follo	wing statemer	nt:			
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
The information received was useful in your practice and relationship with that base.	6.7% (21)	4.8% (15)	18.2% (57)	40.4% (127)	29.9% (94)	0.00	314
	answered question				314		
	skipped question				335		

12. i) Does your assigned base provide	le CE at your fire station/department?		
		Response Percent	Response Count
Yes		31.6%	137
No		68.4%	296
	answere	ed question	433
	skipp	ed question	216

13. j) Does your PCC encourage you t	o attend CE offered at local provider agencies?		
		Response Percent	Response Count
Yes		73.9%	150
No		26.1%	53
	answe	red question	203
	skip	ped question	446

14. k) How many provider agency field	d care audits/CE lectures have you attended in the last 2 years?		
		Response Percent	Response Count
None		19.0%	39
1-5		42.9%	88
6-12		21.5%	44
>12		16.6%	34
	answer	ed question	205
	skipp	ed question	444

15. a) When you have an issue with an MICN, how do you try to resolve it?				
		Response Percent	Response Count	
Speak directly with the MICN		67.2%	279	
Discuss the issue with the appropriate PCC		14.9%	62	
Discuss with your Paramedic Coordinator		20.7%	86	
Discuss with your Fire Department Nurse Educator		21.0%	87	
Discuss with your PCC		4.8%	20	
Other (please specify)	SEE ADDENDUM D	27.7%	115	
	answere	ed question	415	
	skipp	ed question	234	

16. b) Rate the following statement:							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
Your assigned Base Hospital PCC is accessible and strives to meet your needs as a provider.	8.6% (36)	7.9% (33)	23.2% (97)	35.1% (147)	25.3% (106)	0.00	419
					answered	question	419
					skippea	l question	230

17. c) Rate the following statement:							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
Your Paramedic Coordinator/EMS Captain is an effective liaison between your department and your assigned Base Hospital.	6.1% (26)	6.1% (26)	17.1% (73)	32.7% (140)	38.1% (163)	0.00	428
					answered	question	428
	skipped question					221	

18. d) From your experience, describe practices that have helped improve the relationship and communication between yourself, your provider and your base hospital:

SEE ADDENDUM E		Response Count
		262
	answered question	262
	skipped question	387

19. e) When you have an issue with a	provider, how do you try to resolve it?		
		Response Percent	Response Count
Speak directly with the individual provider		56.0%	98
Discuss the issue with the appropriate Paramedic Coordinator/EMS Captain		27.4%	48
Discuss with the Fire Department Nurse Educator for the Provider		8.0%	14
Discuss with your PCC		68.6%	120
Other (please specify)	SEE ADDENDUM D	4.6%	8
		answered question	175
		skipped question	474

20. f) Rate the following statement:							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
EMS Captains/Paramedic Coordinators of providers assigned to your base are accessible to you.	4.8% (8)	14.9% (25)	28.0% (47)	33.3% (56)	19.0% (32)	0.00	168
					answered	question	168
					skippea	l question	481

21. g) Rate the following statement:							
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Rating Average	Response Count
Your PCC is an effective liaison between your base and the providers assigned to your base.	2.3% (4)	3.5% (6)	13.3% (23)	28.3% (49)	52.6% (91)	0.00	173
					answered	question	173
skipped question					476		

22. h) From your experience, describe practices that have helped improve the relationship and communication between yourself, your base and the providers in your area:				
	SEE ADDENDUM E		Response Count	
			87	
		answered question	87	
		skipped question	562	

23. i) What changes would you like to see in the future between providers and base stations?				
			Response Count	
	SEE ADDENDUM F		279	
		answered question	279	
		skipped question	370	

ADDENDUM A

EFFECTIVE DEPARTMENT EDUCATION

ADDENDUM A - EFFECTIVE DEPARTMENT EDUCATION

EMTs

Refresher/recert classes offered	6
Plenty of education	4
Nurse educators	3
Include all personnel	2
Multiagency training	2
Competent educators	1
On-duty CE	1
Paid education off duty	1
Every day hands-on fire training	1
Offer local classes	1
Diverse topics	1
TOTAL	23

NURSES

CE offered frequently	19
Long CE hours	13
Advance notice given	13
Instructor	12
Offer different learning environments - off campus/informal	
education	12
Follow up on patient outcomes/discussions during FCAs	8
Have guest lecturers	7
Job/dept related education	7
Multiagency/multidept education	6
Varied/flexible times	6
Offer prehospital and BRN CE	3

PARAMEDICS

PARAMEDICS	
Instructors	49
CE on duty	18
CE in-house	17
Hands-on skills	14
Good quality lectures	11
Varied topics and forms of education	8
Present current topics	8
Lot of CE offered	6
FCAs	6
Job related	5
Do a good job overall	5
QI linked	5
Base CE on duty	5
Mandatory CE	4
Provides all CE hours required by State	4
Scheduling	4
Back-to-basics review	3
On-line On-line	3
Training needs met	3
Good relationship between PM coordinators and PMs	3

OTHER

Job related education	4
Short/frequent DE	3
Good education	3
Small classes	1
Learn from a lot of classes	1
Enthusiastic/good educator	1
Base teaching on QI results	1
Latest protocols	1
Individual responsibility	1
On-line CE	1
On-duty CE	1
Scenario training	1
Nationally approved classes offered	1
TOTAL	20

Nurse and paramedic results reflect top 80% of responses

ADDENDUM B

INEFFECTIVE DEPARTMENT EDUCATION

ADDENDUM B - INEFFECTIVE DEPARTMENT EDUCATION

EMTs

No educators	1
Not enough CE on-line	1
TOTAL	2

NURSES

CE not long enough	4
Not enough CE for night shift	4
Paid CE restricted to own base	3
Not 'out of service' for CE	2
Base MD not involved	2
No CE on-site	1
Restricted to 1 role - do not do multidisciplinary education	1
Base education not mandatory for paramedics	1
Not encouraged to attend outside CE	1
FCAs not interpreted correctly	1
Finger pointing at those who made a mistake	1
Not enough CE	1
Days not varied	1
TOTAL	23

PARAMEDICS

No nurse educator	27
No enough CE offered	23
Not allowed to attend CE on-duty	9
No CE at bases - not encouraged to attend	7
No education offered	7
Called out to answer calls during CE	5
Need more nurse educators - they are spread too thin	5
Ineffective CE	5
No CE/training in-house	5
Not enough FCAs	4
No on-duty BSM	4
No combined base/provider CE	4
Nurse educators seldom give paramedic CE	3
Not adopting LA County procedures in a timely manner/not up-to-date	3
Timing/length of lectures not good - after lunch	2
Nurse educators do not understand work conditions - reflected in teaching	2
Not enough skills	2
Basics neglected	2
Having a nurse educator limits perspective	2
Online	2
CE for EMS is low priority - focus is fire	2

OTHER

Only FD CE on duty - unable to attend base station CE	1
Not 'out of service' for CE	1
TOTAL	2

Paramedic results reflect top 80% of responses

ADDENDUM C

REQUESTED EDUCATIONAL TOPICS

ADDENDUM C - REQUESTED EDUCATIONAL TOPICS/FORMATS

EMTs

Overall patient care	6
EMS training	3
Hands on	3
EMT skills update	1
EMT recert	1
Burns	1
Documentation	1
Legal	1
On-duty education	1
Pediatrics	1
Trauma	1
Water related/drowning/dive accidents	1
TOTAL	21

NURSES

FCA	18
Pediatrics/EDAP/PMC	14
Trauma	9
Lecture	5
Provider CE	4
On-line CE	4
MCI	4
Cardiac/cardiac arrest	4
Dealing with different disasters	3
Treatment protocols/SFTPs	3
CE >2 hours	3
Destinations	2
Reference 814	2
Varying CE times/days	2
EMS updates	2
EKGs	2
Videos	2
"Fun" lectures/speakers	2
Sepsis	2

PARAMEDICS

Skills/hands-on/practical	45
Pediatrics	25
FCAs	23
Policies/protocol review	22
High risk/low frequency	15
Cardiac	14
General EMS	13
Trauma/trauma triage	12
Prehospital medications	9
Case studies/reviews	9
Respiratory	9
Documentation	7

PALS	7
"More" CE	7
Medical legal	7
Equipment review	6
ACLS	6
MCI	5
PHTLS	5
Current EMS updates	5
Simulations	4
OTC/home medications	4
TCP	4
Videos	4
Assessment	4
"Expert" lecturers	4
Mixed CE - provider and base	4

OTHER

BLS review	1
Burns	1
Case review	1
CPAP	1
Drug therapy	1
FCA	1
Hands on	1
High risk/low frequency	1
Intraosseous	1
MCI	1
Pediatrics	1
Protocol changes	1
Reference 814	1
Review new policies	1
TCP	1
TOTAL	15

COMBINED TOP 12 ANSWERS

Hands on/skills/practical	50
FCA	42
Pediatrics/EDAP/PMC	41
Policies/protocol review	27
Trauma/trauma triage	21
Cardiac/cardiac arrest	21
Lecture	16
High risk/low frequency	16
General EMS	13
Case studies/reviews	11
Prehospital medications	11
MCI	10

Nurse and paramedic results reflect top 80% of responses

ADDENDUM D

RESOLVING ISSUES

ADDENDUM D - RESOLVING ISSUES

EMTs

Speak with EMS captain	12
Speak directly with MICN	1
TOTAL	13

NURSES

Speak with PCC	4
Speak with paramedic directly	3
Speak with base physician	2
Speak with EMS supervisor in a rare situation	1
TOTAL	10

PARAMEDICS

Speak with EMS captain	79
Speak directly with MICN	5
No issues	5
Speak with PM coordinator	1
Speak with PCC	1
Speak with other PMs	1
TOTAL	92

OTHER

Administrator/medical director	1
Contact PCC	1
Direct contact with MICN	1
No issues	1
TOTAL	4

ADDENDUM E

PRACTICES THAT HELP

ADDENDUM E - PRACTICES THAT HELP

EMTs

Having education together	3
Speaking to each other	2
Implementation of nurse educator	1
TOTAL	6

NURSES

Education/tape review together	31
Speaking to each other	23
PCCs	18
EMS week/social events	9
Ride a longs	4
TOTAL	85

PARAMEDICS

Open communication/speaking to each other	100
Combined education/tape review either at base or station	50
Nurse educators, paramedic coordinators and EMS captains	26
PCCs	15
Ride a longs	12
Social event/ EMS week	4
TOTAL	207

OTHER

Positive/effective communication	6
Hospital interaction	3
PCCs	2
PCC, nurse educator and/or paramedic coordinator handling issues together	1
Open mind	1
TOTAL	13

ADDENDUM F

FUTURE CHANGES

ADDENDUM F - FUTURE CHANGES

EMTs	
Better/more communication	2
Move ups for CE coverage	1
More CE classes	1
Better policies regarding controlled medications for restocking and	
wasting	1
Have regional paramedic coordinators	1
TOTAL	6

NURSES

Base and provider collaboration/more open communication	20
Combined paramedic/MICN CE/activities	14
Mandate base CE/FCA for both paramedic and MICN	8
Paramedic day in the ER	4
More MICN ride-a-longs to understand work conditions better	4
No more ride-a-long	3
Get to know names of providers	3
Increase SFTPs	3
Have more MICN courses	2
Respect for each other	2
Knowledgeable medics	2
Accountability for attitude	2
Easier communication with providers that do not have EMS captains	1
Ride-a-longs for ER physicians	1
Mandate ACLS and PALS for paramedics	1
Less work for PCCs from the EMS Agency	1
Lose CE categories	1
Ability to provide/receive constructive criticism	1
Respect from providers re role of base/MICN	1
Central base for destination only - give medics complete responsibility	1
No games - question orders that are unclear, follow orders given	1
Paramedics to read back orders	1
Better destination coordination	1
Paramedic coordinator/EMS captain do MICN CE	1
More FCAs	1
CE for longer hours, less often	1
Night shift FCAs	1
Touch screen charting for MICNs	1
More involvement from ER doctor	1
Review case and care briefly upon arrival	1
Written complaints	1
12 lead EKG transmission	1
Ability to contact rigs directly	1
More prior-to-base-contact treatments done	1
Better radio communications	1
Shorter EMS update	1
Stop trauma protocols	1
1 21 22 22 2	

Nurses should go to FD for disaster training drills	1
Providers open training to nurses	1
TOTAL	94

PARAMEDICS

More ride-a-longs for MICNs CE/events together More CE and longer hours Opportunities to build relationships Base lectures at station Be allowed to attend BSM & CE at base Increase in SFTP use Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD 2 In-house CE Better way of communicating CE offered Have FT nurse educator Stop inappropriate transfers to the ER 1 Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 1 Guest lecturers 1 Have CR obse to station or at training facility 1 50 No pt on phone for AMAs - very embarrassing 1 GCA close to station or at training facility	PARAMEDICS	
CE/events together More CE and longer hours 14 Opportunities to build relationships 13 Base lectures at station 10 Be allowed to attend BSM & CE at base Increase in SFTP use Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time 55 Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 15 Guest lecturers MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 16 Uses to station or at training facility 17 CA close to station or at training facility	Better communication	24
More CE and longer hours Opportunities to build relationships Base lectures at station Base lectures at station Be allowed to attend BSM & CE at base Increase in SFTP use Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Jiscontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers In but for MICN to obtain a better understanding of transport problems Guest lecturers In but for MICN to obtain a better understanding of transport problems Guest lecturers In but on phone for AMAs - very embarrassing In FCA close to station or at training facility	More ride-a-longs for MICNs	19
Opportunities to build relationships 13 Base lectures at station 10 Be allowed to attend BSM & CE at base 9 Increase in SFTP use 8 Respectful to each other 8 Mandatory FCA at BS for medics 6 Non-MICN ride-a-longs 6 CE on duty 6 Trust medics to do what they are trained to do 5 Base assist to get units back in service/ decrease wall time 5 Answer radio/phone faster 4 More CE back to base 4 Increased understanding of each others duties 4 Better communication between ER and EMS Agency 3 Offer more FCAs 3 Offer mational topics, scientific based education, research for better understanding of why things are done 3 Off call at CE 3 Interface between PCC and FD educator for quality CE 3 Discontinue base station concept 2 Have open forums to air differences 2 Provider input into base CE topics 2 Understanding of exposure procedure 2 Problems/needs/changes communicated right away to FD 2 <	CE/events together	18
Base lectures at station Be allowed to attend BSM & CE at base 99 Increase in SFTP use Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues 1 MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	More CE and longer hours	14
Be allowed to attend BSM & CE at base Increase in SFTP use Respectful to each other Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs GE on duty GE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	Opportunities to build relationships	13
Increase in SFTP use Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Frust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	Base lectures at station	10
Respectful to each other Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1 6 Structure decrease wall time 5 6 6 6 6 6 6 7 6 6 6 6 7 6 6	Be allowed to attend BSM & CE at base	9
Mandatory FCA at BS for medics Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues Indica Year All Association of a training facility No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	Increase in SFTP use	8
Non-MICN ride-a-longs CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time 5 Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues IndICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Indicate Training facility Indicate Training Tra	Respectful to each other	8
CE on duty Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency 30ffer more FCAS Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues Indicate transfers to the MICN to obtain a better understanding of transport problems Guest lecturers Indicate training facility Indicate transfers to station or at training facility Indicate t	Mandatory FCA at BS for medics	6
Trust medics to do what they are trained to do Base assist to get units back in service/ decrease wall time 5 Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency 3 Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done 3 Off call at CE Interface between PCC and FD educator for quality CE Jiscontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues Indicate Transport problems Guest lecturers In deet Roctors familiar with EMS policies In Do pt on phone for AMAs - very embarrassing FCA close to station or at training facility	Non-MICN ride-a-longs	6
Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies 10 pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1 sterical care wall time 4 Amswer radio/phone facility 5 decrease wall time 4 Add More CE back to described was a served and exist time. 4 Decrease wall time 4 Automatical steries wall times 4 Decrease wall times 5 Decr		6
Base assist to get units back in service/ decrease wall time Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies 10 pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1 sterical care wall time 4 Amswer radio/phone facility 5 decrease wall time 4 Add More CE back to described was a served and exist time. 4 Decrease wall time 4 Automatical steries wall times 4 Decrease wall times 5 Decr	Trust medics to do what they are trained to do	5
Answer radio/phone faster More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Jiscontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues Incompany of transport problems Guest lecturers Have ER doctors familiar with EMS policies 10 No pt on phone for AMAs - very embarrassing FCA close to station or at training facility	·	5
More CE back to base Increased understanding of each others duties Better communication between ER and EMS Agency 3 Offer more FCAs 3 Offer national topics, scientific based education, research for better understanding of why things are done 3 Off call at CE 3 Interface between PCC and FD educator for quality CE 3 Discontinue base station concept 4 Have open forums to air differences 2 Provider input into base CE topics 2 Understanding of exposure procedure 2 Problems/needs/changes communicated right away to FD 2 In-house CE 8 Better way of communicating CE offered 4 Have FT nurse educator 5 Do things for the good of the patient 5 Stick to destination protocols 6 Give report to ER doctor 5 Top inappropriate transfers to the ER 7 Prompt CE for new procedures, etc. 1 CE on legal issues 1 MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 1 Guest lecturers 1 No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1	-	4
Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of ransport problems Guest lecturers Have ER doctors familiar with EMS policies 1 CA close to station or at training facility 1 5	•	4
Better communication between ER and EMS Agency Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of ransport problems Guest lecturers Have ER doctors familiar with EMS policies 1 CA close to station or at training facility 1 5		4
Offer more FCAs Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues Indicate the support of the patient Indicate the support of the pat		
Offer national topics, scientific based education, research for better understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers 1 Have ER doctors familiar with EMS policies 1 TCA close to station or at training facility 1 Sinch desarch for better 1 Assert leaf of the policies 1 TCA close to station or at training facility		
understanding of why things are done Off call at CE Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility		
Off call at CE Interface between PCC and FD educator for quality CE 3 Discontinue base station concept 4 Have open forums to air differences 2 Provider input into base CE topics 2 Understanding of exposure procedure 2 Problems/needs/changes communicated right away to FD 2 In-house CE 8 Better way of communicating CE offered 4 Have FT nurse educator 5 Do things for the good of the patient 5 Stick to destination protocols 6 Give report to ER doctor 7 Stop inappropriate transfers to the ER 7 Prompt CE for new procedures, etc. 1 CE on legal issues 1 MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 1 Guest lecturers 1 No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1 3 Interface between PCC and FD educator for quality CE 3 3 Interface between PCC and FD educator for quality CE 2 Interface between PCC and FD educator for positive CE 2 Interface between PCC and FD educator for positive CE 2 Interface between PCC and FD educator for positive CE 2 Interface between PCC and FD educator for positive CE 3 Interface between PCC and FD educator for positive CE 4 Interface between PCE and FD educator for positive CE 4 Interface between PCE and FD educator for positive CE 4 Interface between PCE and FD educator for positive CE 4 Interface between PCC and FD educator for positive CE 4 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 5 Interface PCC and FD educator for positive CE 6 Interface PCC and FD educator for positive CE 6 Interface PCC and FD educator for positive CE 6 Interface PCC and FD educator for positive CE 7 Interface PCC and FD educator for positive CE 8 Interface PCC and FD educator for positive CE 9 Interfac	·	3
Interface between PCC and FD educator for quality CE Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing 1 ECA close to station or at training facility		3
Discontinue base station concept Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility	Interface between PCC and FD educator for quality CE	3
Have open forums to air differences Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility	· · ·	2
Provider input into base CE topics Understanding of exposure procedure Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	•	2
Understanding of exposure procedure Problems/needs/changes communicated right away to FD 2 In-house CE Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	•	2
Problems/needs/changes communicated right away to FD In-house CE Better way of communicating CE offered 2 Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		2
In-house CE Better way of communicating CE offered 2 Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	· · · · ·	2
Better way of communicating CE offered Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		
Have FT nurse educator Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		
Do things for the good of the patient Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		
Stick to destination protocols Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		
Give report to ER doctor Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. 1 CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	·	-
Stop inappropriate transfers to the ER Prompt CE for new procedures, etc. CE on legal issues MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1	•	-
Prompt CE for new procedures, etc. 1 CE on legal issues 1 MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 1 Guest lecturers 1 Have ER doctors familiar with EMS policies 1 No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1	•	-
CE on legal issues 1 MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems 1 Guest lecturers 1 Have ER doctors familiar with EMS policies 1 No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1		
MICN ride-a-longs in rural areas in order for MICN to obtain a better understanding of transport problems Guest lecturers Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing FCA close to station or at training facility 1		
understanding of transport problems1Guest lecturers1Have ER doctors familiar with EMS policies1No pt on phone for AMAs - very embarrassing1FCA close to station or at training facility1		<u>'</u>
Have ER doctors familiar with EMS policies No pt on phone for AMAs - very embarrassing TCA close to station or at training facility 1	•	1
No pt on phone for AMAs - very embarrassing 1 FCA close to station or at training facility 1	Guest lecturers	1
FCA close to station or at training facility 1	Have ER doctors familiar with EMS policies	1
5 ,	No pt on phone for AMAs - very embarrassing	1
On-line CE 1	FCA close to station or at training facility	1
	On-line CE	1

Smile on faces of hospital staff	1
No EMS updates	1
Paramedic day in ER	1
Analyze QI system for effectiveness	1
CE credit for time attended	1
Continue CE at base stations	1
Case studies	1
Clarification/education as criteria differs between base and providers	1
Change differences between providers and DHS	1
Keep repeat orders brief	1
Learn from each other	1
More MICNs	1
Bases to work with EMS captains to better serve the public	1
Inquiry cards for paramedics and base personnel to clear up orders	
misunderstood	1
Mandate MICNs attend FD CE	1
Expect more of paramedics and they will rise to the occasion	1
Talk with engine company	1
Make CE easier to obtain	1
ER doctors on ride-a-longs	1
Give FCA materials to EMS captains	1
Have satellite CE stations	1
Do not cancel CE - medics end up short	1
Weed out bad medics	1
Have skills practice at each CE	1
Ability to release at scene if no transport required	1
Have MICNs become nurse educators	1
Do not request diversion if beds available	1
Appreciate on duty CE	1
Leave attitudes at home	1
Increase number of labs at hospitals	1
Clearer instructions for this form	1
Have CE for all 3 shifts	1
TOTAL	237
	1
OTHER	
CE together including case studies	3
Respect/understanding	2
Better/open communication	2
Increase number of bases	1

1

1

10

Better understanding of what it is like in the field

CE while our of service

TOTAL